

FILED

December 23, 2004

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE
SUSPENSION OR REVOCATION OF
THE LICENSE OF

Administrative Action

MANJIT SINGH, M.D.
License No. MA 29339

ORDER OF TEMPORARY
SUSPENSION OF LICENSURE

:

TO PRACTICE MEDICINE AND
SURGERY IN THE STATE OF
NEW JERSEY

This matter was opened to the New Jersey State Board of Medical Examiners on the application for a temporary suspension of respondent's **license** to practice medicine brought by Attorney General Peter C. Harvey by Joan D. Gelber, Deputy Attorney General. An Order to Show Cause was signed by Glenn A. Farrell, Esq., Board Vice President, on December 1, 2004.'

A two count **Verified** Complaint, filed simultaneously, alleges **in** Count I that respondent on Saturday, October 2, 2004 invited his patient Mrs. A.F., a 73-year old vulnerable **widow**, to his office after normal business hours, had a conversation with her about his personal finances and attempted to borrow \$10,000 from her. Thereafter on a succession of days he harassed her by going to

¹ Bernard Robins, M.D., F.A.C.P., Board President was recused from consideration and vote in this matter. Glenn A. Farrell, Esq., Board Vice President was not present. Gregory J. Rokosz, D.O., J.D., FACOEP a prior Board President, chaired the hearing and signed the Order herein.

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her home repeatedly, by telephoning and disturbing her and her brother. He attempted to persuade Mrs. A.F. not to tell anyone that he sought to borrow money but instead to say that she offered to lend him money. Several times while visiting her at home, he purported to offer her medical services although he kept no medical records. His harassing conduct included banging on her window and doors and attempting to retrieve file cards on which he wrote his version of their conversation about the loan. His intimidation did not cease, even after his attorney advised him to stop, until the Ramsey Police intervened.

Count II alleges that respondent's current attempt to borrow money is a repetition of conduct which occurred during the nineteen nineties regarding multiple patients, that respondent is in violation of three prior Board disciplinary orders and that his conduct is to be deemed a second or subsequent violation. The Complaint further details that during the nineteen nineties respondent "borrowed" nearly one million dollars from at least 98 of his patients (not including other creditors), many of whom were senior citizens with chronic medical conditions. The Complaint specifies that following the filing of a Verified Complaint and an Order to Show Cause on March 8, 1996 seeking emergent temporary suspension of his license, respondent's license was emergently suspended by Order of the Board filed March 13, 1996. A Final Order was filed by consent on May 5, 1997 in which respondent pled no

contest to the allegations. His license to practice medicine and surgery was suspended for a minimum of five years and until submission of proofs that he could be safely returned to practice. He agreed to reimburse \$958,755.00 to the defrauded patients. In the seven years since the Order was entered he has repaid only \$59,000. At respondent's request the Order was modified three times to remove some restrictions. However, all orders prohibited respondent from engaging in financial transactions with patients. Thus all orders provided:

Under no circumstances shall Dr. Singh engage in any financial transactions whatsoever with any person who has been treated by Dr. Singh subsequent to the limited reinstatement of license, nor any financial transaction with any person who was a patient prior to entry of the Order of emergent temporary suspension of license. Dr. Singh may receive loans of money or goods from other sources on prior notice to the Board, provided that such sources are represented by counsel

The current Verified Complaint again seeks the emergent temporary suspension of respondent's medical license pursuant to N.J.S.A. 45:1-22 and an Order barring respondent from future contact with Mrs. A.F., her brother F.P. or their families.

A hearing on the Attorney General's Application for Temporary Suspension was held before the Board at its regularly scheduled meeting on December 8, 2004. Deputy Attorney General Joan D. Gelber presented the case on behalf of the Attorney General; Joseph M. Gorrell, Esq., appeared on behalf of the respondent. Two

pre-hearing motions were made and granted without objection.² Numerous documents were offered by the Attorney General and accepted into evidence without objection (*see* Exhibit list attached and made a part hereto).

The Attorney General argued that the proofs establish the allegations in the Complaint. The specific details of respondent's behavior are recounted in an affidavit by Mrs. A.F. (Exhibit P-1). Her brother F.P.'s affidavit (Exhibit P-2) makes clear she told him about her encounter with respondent the very next day. She then confided in her new subsequent treating physician, Diane Schwartz, M.D. who provided an affidavit (Exhibit P-3) indicating the reason Mrs. A.F. was seeking the care of a new doctor was that her current physician attempted to borrow money from her. Dr. Schwartz reported respondent's conduct to physician administrators at Valley Hospital, a facility in which respondent held privileges. These two physicians, Drs. Kesselbremer and DeSimone, also provided affidavits (Exhibits P-5 and P-6) stating that respondent told them he lost money on a bad investment and a patient offered to lend him money.

Mrs. A.F.'s affidavit, as well as supporting documents, demonstrate that after respondent learned that Mrs. A.F.'s new

The State made a motion to redact the identity of the complainant patient and her family from the record and to utilize initials during the hearing. Respondent moved that the witnesses be sequestered.

treating **physician** and colleagues at Valley Hospital had been informed of his **behavior**, he embarked on a course of conduct which left Mrs. A.F. **traumatized**. However, it was not until Mrs. A.F. learned that respondent said she offered to lend him money rather than that **he sought** a loan from her, that she agreed to cooperate with the **Board's** ongoing investigation.

Mrs. A.F., a retired commercial farmer testified at the December 8, 2004 hearing in a feisty, credible manner. Her demonstration of **respondent's** relaxed posture, hands behind his head at the time he asked her for a loan while they were in his office alone after normal hours was compelling. Later in her testimony she was tearful as she **recounted** respondent banging on her door when attempting to retrieve the **file** cards on which he wrote what he wanted her to say occurred between them. On that evening he did not leave her property until the police ordered him to do so. She recounted her version of events in a lucid, vibrant, and competent manner and the facts were consistent with her affidavit. She was unwavering in her stated position that respondent asked her for money and that she did not offer him money. She **emphasized** she initially did not want to complain about respondent, her trusted physician of longstanding. She only came forward after being subjected to the stress of respondent's harassment and due to respondent's assertion that she was the one who offered him money.

Although A.F. **acknowledged** she is **hard-of-hearing** and does not wear prescribed **hearing** aids, **it** was **apparent** from her demeanor and testimony that she heard the **questions** posed to her and understood the **content** of **what** she **was asked**. On cross-examination respondent's counsel **attempted** to **demonstrate** that Mrs. A.F. was hard-of-hearing and must have **misheard** the conversation with respondent. **Indeed**, when it was **apparent** that Mrs. A.F. heard and understood him **well**, counsel moved **further** away from her. **However**, A.F. continued to hear and comprehend the questioning adequately. Additionally, bolstering her account **were** numerous documents in evidence and respondent's own admissions.

On cross-examination A.F. heard and understood the essential questions and was unshaken. She **was** steadfast in her assertion that she did not offer to loan respondent money. Rather she recounted multiple details and throughout extensive cross-examination was **constant** in her version of events. Respondent had a conversation with her alone in his office after hours about a difficult financial situation he was in. She testified that he **told** her he borrowed \$10,000 from a friend, lent the \$10,000 to another friend who lost it via a bad investment, and respondent did not have \$10,000 to return. He asked her for the money. She declined and he then asked her if she could lend him \$3,000 or \$4,000. She immediately told her sister and brother of the encounter. Her brother directed her not to loan respondent money. He cautioned her

about **respondent's** prior gambling and **borrowing** problem of which she **was** already aware. Mrs. A.F. recounted that she previously refused to loan respondent money in **the** nineteen nineties and she wouldn't do it now. She told him the **stock market was like gambling**. She repeatedly stated that respondent was a good doctor but she had to find a **new** one because she couldn't **be caught** without a **physician** since he was "reverting to his old ways."

Corroborating Mrs. A.F.'s **version** of events is the victim's calender for the relevant **time** period which recorded visits to respondent's office, cancelled visits and respondent's visit to her home (Exhibit P-1(b)). Additionally, a handwritten note of Mrs. A.F. was introduced which had respondent's cell phone number recorded which she testified he gave her so she could let him know if she would loan him money (Exhibit P-1(a)). The police report memorializing intervention of the Ramsey Police on **the** night respondent banged on Mrs. A.F.'s door and window (Exhibit P-4) serves as further corroboration of Mrs. A.F.'s account.

F.P. the brother of A.F. also testified corroborating her version of events. He stated that his sister told him respondent attempted to borrow money from her. He then called respondent's **office** and left a message cancelling her appointments. Mrs. A.F.'s calender records the appointments being crossed out, corroborating these claims. He also testified to being outside **Mrs.** A.F.'s home and witnessing respondent banging on the door and pacing in an

agitated manner between the car and her home. Respondent told F.P. he came to retrieve file cards and a piece **of** his **stethoscope**. F.P. ultimately called the police who responded and submitted a police report confirming the encounter.

Respondent testified on his own behalf that he was **addicted** to gambling (as early as 1986 or 1987 which caused him to lose his house and **eventually** his license. **He** reported that in December 1995 he became involved in Gamblers Anonymous and has **been** an **active** member since that **time**. **He** stated that Mrs. A.F. has been his patient for 30 years and he often has informal "chit chat" with her. He **acknowledged** that he asked her for money in the nineteen nineties when he was previously disciplined but she refused him. He stated that a lot of patients have his cell number and that Mrs. A.F. has used it in **the** past. Further, **he** is **committed** to making restitution to the individuals he **owes** money to.

Respondent confirmed much of the conduct alleged in the Complaint both in his affidavit (Exhibit R-1) and his testimony. **He acknowledged there** was an office visit by Mrs. A.F. **afer** normal business hours **but** he described the conversation in a markedly different manner than A.F.. He claimed he told her that a friend needed \$10,000 for stock options. **He** therefore **borrowed** the money from a stress test lab that he works for and **gave** it to the friend as he **hoped** to do business with him. The friend lost all the money. Respondent contended that Mrs. A.F. offered "I can't loan you

\$10,000 but call me in a few days maybe I can come up with \$3,000 or \$4,000." He testified that he called her soon thereafter and told her he did not want her to lend him money. Several weeks later in November he learned from the attorney at Valley Hospital that there was a complaint about him attempting to borrow money from a patient. He stated, "because of my history I'm done - I'm a goner." I therefore called Mrs. A.F. and tried to "remind" her that it was she who offered me money and not the other way around. He then commenced a series of home visits and calls to Mrs. A.F. in a quest to change her account of their conversation.

Respondent testified that he wrote his version of events on the file card because, due to her hearing problem, A.F. often doesn't comprehend. He acknowledged he went to her house multiple times, on consecutive days once bringing coffee and donuts, another time examining her and losing a piece of his equipment. He further conceded he was denied entry, banged on the door and window, was cautioned by his attorney to refrain from contact with Mrs. A.F. and was eventually ordered to leave by the police on one occasion. On cross-examination he admitted he did not document in his medical records or bill for the home visits he made to Mrs. A.F. He stated he made the many visits to A.F.'s house because he was "stressed" out and he was motivated to obtain his lost piece of medical equipment and the index cards. He acknowledged that throughout this difficult period he did not tell his sponsor at Gambler's Anonymous

or his family **about what** had happened as **he didn't** have the "heart." **He** informed the Board that **he** was in therapy now two times a week and that this recent conduct was not a relapse it was just "stupidity."

Two individuals from Gambler's Anonymous testified on respondent's behalf. **Erwin** Schneider who holds a leadership position in the organization **provided** a List of **dates** (Exhibit R-3) representing meetings of Gambler's Anonymous that respondent attended. He testified that respondent's conduct, especially not **telling** his sponsors, was **not healthy** however, borrowing money with a promise to repay at some time in the **future** is not gambling as defined **by** Gamblers Anonymous.

Mr. Looney, the Executive Director of the Council of Compulsive **Gamblers** of New Jersey and a patient of respondent's testified that respondent's conduct is a "dangerous warning signal" indicating a need for intervention that **did** not constitute a relapse, but rather conduct that could lead to relapse. Neither of respondent's witnesses addressed the special fiduciary responsibilities and trust that a physician owes to his patients.

Respondent's counsel argued that respondent's conduct is a warning signal and poor judgment but not a relapse of his gambling problem. He asked the Board not **to** suspend respondent's license but to put **a** monitor in place whenever respondent has a doctor/ patient interaction.

We have carefully reviewed the documentation and testimony offered in this **matter especially the patient's** account of what has occurred in support of **the** Attorney General's application, and find **overwhelming** indicia of reliability to accept it to be true at this juncture of the proceeding. **Indeed** it was **apparent** that Mrs. A.F. heard and understood him **well**, ever after **counsel** moved further away from Mrs. **A.F.** The Board finds the complainant's hearing is not a significant **issue** - the crux *is* whether **respondent** made a request or the complainant made an offer. It *is* an **issue of** mental comprehension of an event that **took** place not a word heard or misheard. She comprehended **the** sequence of events and was not confused. **We** find Mrs. A.F. **demonstrated** a solid **understanding** of her initial encounter with respondent, **the** subsequent badgering, and the events that led her to cooperate with the Board investigation. We find on this state of the record that Mrs. A.F. did not make an offer of money to respondent; he asked her for money.

Respondent's judgment, as evidenced **by** this pattern of conduct, much of it admitted, in our view, **was** so flawed that no protective measure **such** as a monitor suggested by respondent would adequately protect the public from his uncontrolled behavior. He has shown judgment that has again jeopardized patient welfare. **We** recognize he has an addictive illness but we must balance his inability to curb his negative behavior with the rights of his patients not to be preyed upon. We must ensure that he not **put** his

own interests before his **professional** obligations to his patients. His secretive behavior and inability, **even** while actively involved in a **support** group, to control his poor instincts is a **palpable**, clear and imminent danger to his **patients** and the **public welfare**. **We** find respondent's conduct **even** more dangerous because **he** was able to shield it from **Gambler's Anonymous** while he **attended** regular **meetings**. Furthermore he was able to hide his behavior from his family and friends who **are** aware that he has a proclivity to **borrow** and gamble which ended in **disastrous** results for his patients in the **past**. We **find** that **the** safety net put in place to guard against a reoccurrence has failed.

Given respondent's history we cannot allow exposure of his patients to his conduct once we have a sign that he *is* again not controlling his impulses. We are even more **troubled by respondent's** attempts to **browbeat** an elderly patient into **recanting**. We find his persistent haranguing of an elderly, **ill** patient, unconscionable and also a clear **and** imminent danger to all who rely on him for their care.

We do not find credible respondent's assertion that his patient **who** in the nineteen nineties rebuffed his request for money and was aware of *his* troubled history, now offered to make him a loan. Nor are his insinuations that she could **not** hear **or misinterpreted**, believable. Given his past disciplinary history and **his** years of participation in Gambler's Anonymous he should have

been acutely aware that he had embarked on a dangerous course of conduct and taken steps to seek help. Instead he denied and continues to deny his repeated wrongdoing. Furthermore, we are troubled by respondent's admitted recent borrowing and lending of \$10,000 from a friend and business associate at a time when less than 10 of his almost 100 previously defrauded patients have been repaid. We believe that to countenance continued practice in the face of this destructive behavior would be to ignore our statutory obligation to protect the public welfare.

Accordingly, the Board finds that the Attorney General's submission palpably demonstrates clear and imminent danger to the public health, safety and most importantly, welfare, within the intendment of N.J.S.A. 45:1-22 and that because of the vulnerability of Dr. Singh's patient population and his apparent ability to secrete information, flout the Hippocratic oath to do no harm, and deny he has a problem, no temporary remedy short of an active suspension pending the disposition of a plenary trial would be adequately protective of the public at this time. Therefore the Board concludes that it is duty bound to suspend respondent's medical license.

ACCORDINGLY, IT IS ON THIS 23 DAY OF December 2004

ORDERED:

1. Effective upon oral announcement on the record on December 8, 2004, respondent's license to practice medicine and

surgery in the State of New Jersey shall be temporarily suspended pending disposition of a plenary hearing in this matter.

2. Respondent shall forthwith deliver his license, biennial registration and State and Federal Controlled Dangerous Substance Registrations to the Board of Medical Examiners.

3. Under no circumstances shall respondent seek to borrow any money, accept any money, or anything of value for any purpose from a patient, whether past or current, other than for the payment for medical services rendered in the legitimate course of treatment, without advance review and approval of this Board.

4. Patient names appearing in any document in the record shall be redacted to preserve the privacy of patients prior to complying with any request for release to the public. Respondent and his agent shall maintain the privacy of unredacted materials served upon him in this proceeding.

5. Pursuant to the Order to Show Cause, respondent shall refrain from any contact with Mrs. A.F. and F.P. and known members of Mrs. A.F.'s family.

6. Respondent shall abide by the Directives for Disciplined Licensees attached and made a part hereto.

STATE BOARD OF MEDICAL EXAMINERS

By:


Gregory J. Rokos, D.O., J.D., FACDEP
Prior Board President

EXHIBITS

- P-1 Mrs. A.F. redacted affidavit (Exhibit A) of interview November 22, corrected and **signed November 30; 2004**
- P-1(a) Handwritten note: Dr. "Singh Wed. lunch"
- P-1(b) Calendar of Mrs A.F. for time period relevant to the Complaint
- P-2 Mr. F.P., redacted affidavit (Exhibit B) of interview November 22,, **corrected** and **signed November 30, 2004**
- P-3 Diane Schwartz, M.D., subsequent treating doctor redacted affidavit (Exhibit C) signed November 22, 2004
- P-4 Patrolman Marc A. Shingelo certification November 23, 2004 (Exhibit D) **regarding** two police reports of November 22, 2004
- P-5 Michael Kesselbrenner, M.D., affidavit November 23, 2004 (Exhibit E) - **Valley** Hospital
- P-6 Arthur R. DeSimone, M.D., affidavit November 23, 2004 (Exhibit F) - Valley Hospital
- P-7 Last page of Dr. Singh's patient record for Mrs. A.F. (Exhibit J)
- P-8 Dr. Singh's Answer to the Complaint, December 3, 2002
- P-10 Order of Temporary Suspension of Dr. Singh's license, filed 3/21/96 (Exhibit G)
- P-11 Final Consent Order Including Limited Reinstatement of License on Conditions, filed 5/6/97, excerpts {Exhibit H}
- P-12 Modified Final Order filed 1/19/02 (Exhibit I)
- R-1 Answer and Certification of Respondent dated December 3, 2004
- R-2 Letter from Dr. Michael Rutigliano - respondent's employer - stating that he has cooperated with all supervisory requirements and there have been no other patient complaints

- R-3 List of 14 Gambling **Anonymous meeting attended** by
respondent from September 30 - November 30, 2004
- R-4 Fax transmittal from DAG Gelber to Joseph Gorrell, Esq.
received December 6 with letter and attached affidavit
concerning **clerical** error **regarding** dates in affidavit of
Mrs. A.F. and F.P.

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
HAS BEEN ACCEPTED**

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the addendum to these directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been **revoked, suspended** for one (1) year or more or permanently surrendered must remove signs and **take** affirmative action to stop advertisements by which his/her eligibility to **practice is represented**. The licensee **must also take steps** to remove his/her name from professional listings, telephone **directories**, professional stationery, or billings. If the licensee's name **is** utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name **shall** be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) **must be filed**. If **no** other licensee is providing services at the location, all medications must be removed **and** returned to **the** manufacturer, if **possible, destroyed** or safeguarded. (In situations where a license has been **suspended** for less than one year, prescription pads and medications **need not be destroyed but** must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or **others** while **barred** from engaging in **the** professional practice. The licensee may be compensated for the reasonable value of services **lawfully rendered** and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license **is** revoked, surrendered or suspended for a term of one (1) year or more shall **be deemed** to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). **A disqualified** licensee shall divest him/herself of **all** financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). **A licensee who is a member of a limited liability company** organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 **days** following **the the** entry of **the** Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon **divestiture**, a licensee shall forward to the Board a copy of documentation **forwarded** to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. **If the** licensee is the sole shareholder in a professional **service** corporation, the corporation must be dissolved within 90 days of **the licensee's** disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may **be** obtained. The message should inform patients of the **names** and telephone **numbers** of the licensee (or his/her attorney) assuming custody of the records. The same information **shall also be** disseminated **by** means of a notice to **be published** at least once per month for **three** (3) months in a **newspaper** of

general circulation in ~~the~~ geographic vicinity in which the practice was conducted. At the end of the three month **period**, **the licensee shall file with the Board the name** and telephone number of the contact person ~~who~~ will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly **reported to the Board**. When **a patient** or his/her representative requests a copy of his/her medical record or asks that record **be forwarded to** another **health** care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the **subject** of any Order imposing a probation or monitoring requirement or a stay of ~~an~~ active suspension, in whole or **in part**, which ~~is~~ conditioned ~~upon~~ compliance with a probation or monitoring requirement, the licensee shall **fully** cooperate with the Board **and** its designated **representatives**, including the Enforcement **Bureau** of ~~the~~ Division of Consumer **Affairs**, in ongoing monitoring of the licensee's status and practice. Such monitoring shall ~~be~~ at the **expense of the disciplined practitioner**.

(a) Monitoring ~~of~~ practice conditions may include, but is not limited to, inspection ~~of the professional premises and equipment~~, and ~~inspection and copying of patient records~~ (confidentiality of patient identity shall be protected ~~by the Board~~) to verify compliance **with** the Board Order **and accepted** standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by **law** from any treatment facility, other **treating** practitioner, **support group** or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, ~~or~~ maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring **has** been ordered, ~~the~~ practitioner shall fully cooperate by responding to a demand for breath, blood, urine ~~or other sample~~ in a **timely** manner and providing the designated sample.

NJ License # .

ADDENDUM

Any licensee who ~~is~~ the subject of an order of the Board suspending, revoking or otherwise conditioning ~~the~~ license, shall provide the following information at the time that ~~the~~ order ~~is signed~~, if ~~it is entered by consent~~, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations:

Social Security Number': _____

List the **Name and Address** of any and all Health Care Facilities with which you are affiliated:

List the **Names and Address** of any and all Health Maintenance Organizations with which you are affiliated:

Provide the names and **addresses** of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).

¹ Pursuant to **45** CFR Subtitle **A** Section 61.7 and **45** CFR Subtitle **A** Section 60.8, the **Board** is required to obtain your Social Security Number and/or **federal taxpayer** identification number in **order to discharge its responsibility** to report **adverse** actions to **the** National Practitioner Data Bank and the HIP Data Bank.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to **N.J.S.A. 52:14B-3(3)**, **all orders of the New Jersey State Board of Medical Examiners** are available for public inspection. **Should any inquiry be made concerning the status** of a licensee, the inquirer **will be** informed of the **existence of the order and a copy will be provided if requested**. All **evidentiary** hearings, proceedings **On** motions or other applications which are **conducted** as public hearings **and** the record, including the transcript and documents marked in evidence, are available **for public inspection, upon request**.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,**
- (2) Which censures, reprimands or places on probation,**
- (3) Under which a license is surrendered,**

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.